

STATE OF WISCONSIN, CIRCUIT COURT, DANE COUNTY

For Official Use

Plaintiff: (Name [first, middle, last], Address, City, State, Zip)

April J Homesly  
6324 Alison Ln  
Madison WI 53711

2013 FEB -4 PM 3:05

L1007 013

-vs-

☐ See attached for additional defendant(s)

☐ Amended

To: Defendant(s): (Name [first, middle, last], Address, City, State, Zip)

Dr. Demetra Sifakis  
Community Health Centers - Access  
3434 E. Washington Ave Madison WI  
53704

Summons and Complaint  
Small Claims

Case No. 13001295

- ☒ Claim for money (\$10,000 or less) 31001  
☐ Return of property (replevin) 31003  
☐ Eviction 31004  
☐ Eviction due to foreclosure 31002  
☐ Arbitration award 31006  
☐ Refund of earnest money 31008  
☒ Tort/Personal injury (\$5,000 or less) 31010

If you require reasonable accommodations due to a disability to participate in the court process, please call 266-4311 (TDD 266-4625) and ask for the Court ADA Coordinator at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

### SUMMONS

To the Defendant(s):

You are being sued as described below. If you wish to dispute this matter:

☐ You must appear at the time and place stated.

OR

☒ You must file a written answer and provide a copy to the plaintiff or plaintiff's attorney on or before the date and time stated.

If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.

When to Appear/File an Answer	
Date: 3-4-13	Time: 9:00AM
Place to Appear/File an Answer	
Dane County Courthouse 215 South Hamilton Street Madison, Wisconsin 53703-3285 <input checked="" type="checkbox"/> Clerk of Circuit Court Office, Room 1000 <input type="checkbox"/> Commissioner Center, Room 2000 Information number: (608) 266-4311	
Date Summons Issued FEB - 4 2013	Date Summons Mailed FEB - 4 2013

Clerk/Attorney Signature

Carlo Eyzaguirre

### COMPLAINT

#### Plaintiff's Demand:

The plaintiff states the following claim against the defendant(s):

1. Plaintiff demands judgment for: (Check as appropriate)

- ☒ Claim for Money \$ 5,000  
☐ Return of Earnest Money ☐ Eviction  
☐ Return of property (replevin) (Describe property in 2 below.)  
(Not to include Wis. Stats. 425.205 actions to recover collateral.)

Plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

2. Brief statement of dates and facts: (If this is an eviction action and you are seeking money damages, you must also state that claim on this form.)  
For eviction actions in Dane County, money damages are not to be stated on this form. Please see reverse side for instructions.

See Attached please thank you

☒ See attached for additional information. Provide copy of attachments for court and defendant(s).

Verification: Under oath, I state that the above complaint is true, except as those matters stated upon information and belief, and as to those matters, I believe them to be true. I am: ☒ plaintiff. ☐ attorney for the plaintiff.

State of Wisconsin

County of Dane

Subscribed and sworn to before me on

Notary Public/Court Official

Name Printed or Typed

My commission/term expires:

Signature of Plaintiff or Attorney April J Homesly	Date 6/2/13	Attorney's State Bar Number
Plaintiff's/Attorney's Telephone Number 608-444-6721	Law Firm and Address	

An original and sufficient copies for service purposes of this document must be submitted at the time of filing (one for each defendant if mail services allowed by court, two for each defendant if personal service is required).

On January 30<sup>th</sup> 2013 at approximately 1pm, Dr "Demetra Sifakis performed three extractions on my mouth. Two wisdom teeth and one molder. One wisdom tooth was at the top right, and the other one was at the bottom right, next to the molder. During the procedure I received over ten shots into my mouth to become numb. Dr Demetra begin with the upper wisdom tooth, she was having problems removing this tooth. Dr. Demetra poked me over five times in my mouth trying to remove this upper wisdom tooth. I screamed and stated "you hurt me, you keep on poking me. She replied "all African American wisdom teeth are a big problem to get out. Since she couldn't get the upper wisdom tooth out, she began on the lower two teeth.

This is when Dr. Demetra was applying pressure to remove the tooth with her instruments, and the instruments went flying in the air and landed on my lip, and busted it open. I was in severe pain, and my lip was bleeding. In addition, when the instruments flew up in the air the fell on the ground and Dr Demetra picked the instruments up, and reused them right away without sterilizing them. Three instruments flew in the air, and one busted my lip, the other one landed on my front two teeth in which I have a chip on one of my front tooth, and my front two teeth are no loosen from this.

Dr. Demetra Sifakis was getting very annoyed at this point. She had me lying down with my head down in the dentist chair as normal. She poked me again with the instrument on my tongue this time and I screamed Ouch very loud. Dr Demetra Sifakis replied if you would just keep your head down, and then she physically with both of her hands moved my head down. It could not move any more. Dr. Demetra Sifakis used all instruments that fell on the floor immediate in my mouth before sterilizing them. She blamed me for being African American for the reason of her physical abuse toward me. I was yelling and screaming the whole time she was working in my mouth.

After a while she had to give me more numbing shots, because I began to fell her working in my mouth. Dr Demetra Sifakis was turning, and twisting the instrument on the side of my mouth, and I told her that it hurt, and she did not stop. I begin to bleed from that instrument as well.

I was premeditated on antibiotic due to I have a heart mummer. Pieces of the teeth were chipping off falling down my throat, and I began choking. After the procedure I was crying telling her that I was in severe pain. She told me that she had to cut a lot of my jaw bone out with the top wisdom teeth, and the bottom wisdom tooth too, as well. Dr. Demetra Sifakis also stated that it will be three months before I heal. The procedure took almost three hours, and that is why she had to numb me again, because she couldn't remove my teeth properly.

Due to this oral surgery I went to U.W Hospital for emergency care where I was bleeding exordinary. They treated me, said that I was dehydrated, and in severe pain. U.W Health gave me three different shots for pain, and I V. That was the same day Wednesday. Furthermore,

the doctor at the U.W Hospital stated that it looked like someone just snatched your teeth out, and it looked like it needed to be sewed up. Thursday I went back to U.W for the same severe mouth pain, and they gave me pain medicine, and made me an appointment with my primary doctor, and Access Community Health Centers.

In my opinion with my having a heart murmur and with Dr. Demetra not sanitizing the instruments after they fell on the floor was dangerous and reckless as a professional Dentist. Also the statement about me being African American that is why my teeth was hard to come out. In addition not only did the broken pieces of my tooth fall down my throat, but also on the floor. Furthermore, Dr. Sifakis knew that I had a heart murmur, and did not put me on no antibiotics or penicillin to protect my heart. The U.W Hospital did that on my second visist which was Thursday night.

I don't want anyone else to experience this unprofessional treatment. I will bring in pictures of my injuries. Now do to Dr. Demetra Sifakis actions I now have to see an oral surgeon at Meritor Hospital on Tuesday 5, 2013 at 7:45 do to there might be a piece of my tooth left in my upper wisdom tooth that she had a problem removing. She blamed me twice for my tooth being stubborn.

Side Note My Fiance Anthony Farmer was in the room with me the whole time. He witnesses this. Thank You I'm swing For pain and suffering. I

I have not been able to dare for take my kids to school for three days  
April Homesly

STATE OF WISCONSIN

CIRCUIT COURT  
SMALL CLAIMS

DANE COUNTY

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APRIL J. HOMESLY,

Plaintiff,

vs.

Case No. 13-SC-1295

DR. DEMETRA SIFAKIS,

Defendant.

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**MOTION FOR CONTINUANCE OF ANSWER DEADLINE**

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Defendant Demetra Sifakis hereby respectfully moves this Court for a 45-day continuance of the deadline by which to Answer the Summons and Complaint filed by Plaintiff April J. Homesly in the above matter. In support of this Motion, Dr. Sifakis states and shows the Court as follows:

1. The Complaint alleges Dr. Sifakis practices at Access Community Health Centers, 3434 East Washington Avenue, Madison, Wisconsin 53704. Madison Community Health Center, Inc., d/b/a Access Community Health Centers, is Dr. Sifakis' employer.
2. Madison Community Health Center, Inc., d/b/a Access Community Health Centers, is deemed to be an employee of the Health Resources and Services Administration ("HRSA") for the purposes of the Public Health Service Act, 42 U.S.C. § 233(g)-(n) § 224. (HRSA Notice of Deeming Action & FTCA Deeming Notice No. 1-F00000748-12-01, attached hereto as Exhibit A).

3. Section 224(a) of the Public Health Service Act provides liability protection to the Madison Community Health Center, Inc. d/b/a Access Community Health Centers and its employees under the Federal Tort Claims Act ("FTCA"), 28 U.S.C. § 1346(b).

4. On behalf of Dr. Sifakis, Madison Community Health Center, Inc. d/b/a Access Community Health Centers has tendered defense of Plaintiff's claim to the United States Department of Health & Human Services ("USDHHS").

5. USDHHS counsel requires an additional 45 days to review Plaintiff's Complaint and Defendant's tender of the claim.

For the foregoing reasons, Defendant respectfully requests that the Court grant a 45-day continuance of the Answer deadline, from March 4, 2013 to April 19, 2013.

Dated this 1<sup>st</sup> day of March, 2013.

MICHAEL BEST & FRIEDRICH LLP  
Attorneys for Defendant

By: 

Ian A. J. Pitz, State Bar No. 1031602

P. O. Address

One South Pinckney Street, Suite 700  
Madison, WI 53703  
Phone: 608/257-3501  
Fax: 608/283-2275

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1. ISSUE DATE: 8/28/2012	<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION</p> <p><b>HRSA</b></p> <p>NOTICE OF DEEMING ACTION</p> <p>FEDERAL TORT CLAIMS ACT AUTHORIZATION: Federally Supported Health Centers Assistance Act (FSHCAA), as amended, Sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(g)-(n)</p>
2a. FTCA DEEMING NOTICE NO.: 1-F00000748-12-01	
2b. Supersedes: [ ]	
3. COVERAGE PERIOD: FROM: 1/1/2013 THROUGH: 12/31/2013	
4. NOTICE TYPE: Renewal	
5a. ENTITY NAME AND ADDRESS: Madison Community Health Center, Inc. d/b/a Access Community Health Centers 2901 W BELTLINE HWY STE 120 MADISON, WI 53713-4231	
6. ENTITY TYPE: Grantee	
7. EXECUTIVE DIRECTOR: Ken Loving	
8a. GRANTEE ORGANIZATION: Madison Community Health Center, Inc. d/b/a Access Community Health Centers	<p>9. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</p> <p>a. The authorizing program legislation cited above. b. The program regulation cited above, and, c. HRSA's FTCA-related policies and procedures.</p> <p>In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.</p>
8b. GRANT NUMBER: H80CS00260	
10. Remarks:	
<p>The check box [x] in the supersedes field indicates that this notice supersedes any and all active NDAs and rescinds any and all future NDAs issued prior to this notice.</p> <p>Electronically signed by Jim Macrae, Associate Administrator for Primary Health Care on: 8/28/2012 8:24:23 AM</p>	





FTCA DEEMING NOTICE NO.:  
1-F00000748-12-01

GRANT NUMBER:  
H80CS00280



Madison Community Health Center, Inc. d/b/a Access Community Health Centers  
2901 W BELTLINE HWY STE 120  
MADISON, WI 53713-4231

Dear Ken Loving:

The Health Resources and Services Administration (HRSA), in accordance with the Federally Supported Health Centers Assistance Act (FSHCAA), as amended, sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. §§ 233(g)-(n), deems Madison Community Health Center, Inc. d/b/a Access Community Health Centers to be an employee of the PHS, for the purposes of section 224, effective 1/1/2013 through 12/31/2013.

Section 224(a) of the PHS Act provides liability protection under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2672, or by alternative benefits provided by the United States where the availability of such benefits precludes a remedy under the FTCA, for damage for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by PHS employees while acting within the scope of such employment. This protection is exclusive of any other civil action or proceeding. Coverage extends to deemed entities and their (1) officers; (2) governing board members; (3) full- and part-time employees; and (4) contractors who are licensed or certified individual health care practitioners providing full-time services (i.e., on average at least 32½ hours per week for the entity for the period of the contract), or, if providing an average of less than 32½ hours per week of such service, are licensed or certified providers in the fields of family practice, general internal medicine, general pediatrics, or obstetrics/gynecology. Volunteers are neither employees nor contractors and therefore are not eligible for FTCA coverage under FSHCAA.

This Notice of Deeming Action (NDA) is also confirmation of medical malpractice coverage for both Madison Community Health Center, Inc. d/b/a Access Community Health Centers and its covered individuals as described above. This NDA, along with documentation confirming employment or contractor status with the deemed entity, may be used to show liability coverage for damage for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by PHS employees while acting within the scope of such employment.

In addition, FTCA coverage is comparable to an "occurrence" policy without a monetary cap. Therefore, any coverage limits that may be mandated by other organizations are met.

This action is based on the information provided in your FTCA deeming application, as required under 42 U.S.C. § 233(h), with regard to your entity's: (1) implementation of appropriate policies and procedures to reduce the risk of malpractice and litigation; (2) review and verification of professional credentials and privileges, references, claims history, fitness, professional review organization findings, and licensure status of health professionals; (3) cooperation with the Department of Justice (DOJ) in the defense of claims and actions to prevent claims in the future; and (4) cooperation with DOJ in providing information related to previous malpractice claims history.

Deemed health centers must continue to receive funding under Section 330 of the PHS Act, 42 U.S.C. § 254b, in order to maintain coverage as a deemed PHS employee. If the deemed entity loses its Section 330 funding, such coverage will end immediately upon termination of the grant. In addition to the relevant statutory and regulatory requirements, every deemed health center is expected to follow HRSA's FTCA-related policies and procedures, which may be found online at <http://www.bphc.hrsa.gov>.

For further information, please contact your HRSA Project Officer as listed on your Notice of Grant Award or the Bureau of Primary Health Care (BPHC) Help Line at 1-877-974-2742 or [bphchelp@hrsa.gov](mailto:bphchelp@hrsa.gov).